

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30388**

| | | | | |
|---|--|---|--|---|
| BIRTH NO. | | REG. DIST. NO. 128 | PRIMARY REG. DIST. NO. 2000 | Registrar's No. 874-A |
| 4. PLACE OF DEATH a. COUNTY Greene | | FILED OCT 8 1956 | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. LENGTH OF STAY (in this place) 60 Days | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Laclede | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | c. CITY OR TOWN Lebanon d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) 110 Hoover St. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ELMER | | b. (Middle) T | | c. (Last) FULLINGTON |
| 4. DATE OF DEATH Sept. 24, 1956 | | 5. SEX Male | | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 5, 1921 |
| 9. AGE (In years last birthday) 35 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Construction |
| 11. BIRTHPLACE (City and State or Foreign Country) Wright County Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Edward Fullington | | 13b. MOTHER'S MAIDEN NAME Salley Trusty | | 14. NAME OF HUSBAND OR WIFE Ruby Fullington |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) Yes. WW II | | 16. SOCIAL SECURITY NO. 499-14-0397 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Fullington, Lebanon, MO. |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral edema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 9109 |
| 19a. DATE OF OPERATION 8-12-56 | | 19b. MAJOR FINDINGS OF OPERATION Cerebral laceration | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 05 21 |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 12 56 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Jack broke, auto fell on him |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00P , to _____, 19____, from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE John C. K. Haug | | 23b. ADDRESS 1636 S. Gloustone Springfield | | 23c. DATE SIGNED 9-27-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 9-24-56 | | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery |
| 24d. LOCATION (City, town, or county) (State) Wright County Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE J. B. Palmer | | |
| DATE REC'D BY LOCAL REG. 10-1-56 | | REGISTRAR'S SIGNATURE Edith Wilkerson | | ADDRESS Lebanon, Mo. |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 24 1956

OCT 24 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stanley R. Palumbo*

Licensed Embalmer No. *4860*

P. O. Address *Thomson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.